



State of California—Health and Human Services Agency
Department of Health Care Services



ARNOLD SCHWARZENEGGER
Governor

October 2, 2007

N.L.: 12-1007
Index: Benefits

TO: ALL COUNTY CALIFORNIA CHILDREN'S SERVICES (CCS)
ADMINISTRATORS, MEDICAL CONSULTANTS AND STATE
CHILDREN'S MEDICAL SERVICES (CMS) BRANCH AND REGIONAL
OFFICE STAFF

SUBJECT: COCHLEAR IMPLANT BATTERIES AND PARTS (SUPPLEMENTS
N.L.: 09-0900)

I. PURPOSE

The purpose of this Numbered Letter (N.L.) is to provide policy for the CCS Independent County programs, Regional Offices, and CCS Dependent County programs for authorization of requests for cochlear implant batteries and replacement parts.

II. BACKGROUND

Cochlear implants have been a benefit of Medi-Cal since 1996, with the replacement parts and batteries a benefit for recipients under the age of 21 through the Early and Periodic Screening, Diagnosis, and Treatment, Supplemental Services (EPSDT-SS) and CCS. With the implementation of the Newborn Hearing Screening Program, more children are identified with hearing loss at earlier ages, allowing earlier implantation and significantly impacting the five Cochlear Implant Centers of Excellence with the follow-up needs for the cochlear implant recipients. With this increase in demands, supplying replacement parts and batteries has significantly burdened the CCS Centers of Excellence.

In response to the escalating access to service issues, Medi-Cal has approached the major manufacturers of cochlear implants and enlisted them as durable medical equipment (DME) providers. As DME providers, the cochlear implant companies can ship the necessary replacement parts and batteries directly to the patient and bill Medi-Cal. This will relieve the Centers of Excellence from becoming supply distributors and allow more time for the necessary evaluation and therapeutic follow-up.

The cochlear implant manufacturers that are now Medi-Cal DME providers are:

- Advanced Bionics Corporation, DME03279F
- Cochlear Americas, XDME03178

III. POLICY

- A. Requests for cochlear implant evaluations, surgery, post-surgical services, and speech processors must continue as directed by N.L. 09-0900 and N.L. 13-1106.
- B. Replacements parts and batteries using the HCPCS codes on the *Cochlear Implant Replacement Parts and Batteries Request Form* are a benefit of Medi-Cal, CCS, and Healthy Families, and not considered EPSDT-SS. See attachment for a copy of the form.
- C. Effective October 1, 2007, cochlear implant replacement parts and batteries may be supplied directly to the beneficiary from the cochlear implant company upon the request of the cochlear implant center. It is the responsibility of the beneficiary and the DME provider to ensure the correct shipping address is utilized.
- D. Frequency limitations will be implemented on the Service Authorization Request (SAR) and will be renewed annually at the time of the new program beginning date. Frequency limitations are based on one unilateral cochlear implantation and should be doubled for bilateral cochlear implantation. Additional parts beyond the frequency limitations will require a prescription or order from the paneled cochlear implant surgeon or the Cochlear Implant Center of Excellence providing post-surgical care. The *Cochlear Implant Replacement Parts and Batteries Request Form* delineates the number of parts that should be authorized for each HCPCS code.
- E. Limited supplies of batteries and accessories are available in the Service Code Grouping 05 for the Cochlear Implant Centers of Excellence to distribute as needed in conjunction with post-surgical follow-up appointments.
- F. Requests for speech processors (L8619), repairs (L7510) and unlisted replacement parts (L9900) beyond the annual \$225 maximum allowable rate will require a separate SAR, initiated by the Cochlear Implant Center of Excellence and supported with documentation indicating medical necessity.

IV. IMPLEMENTATION

- A. During the cochlear implant surgery approval process, the Cochlear Implant Center of Excellence will request a DME SAR for the company they are using for implantation and submit the *Cochlear Implant Replacement Parts and Batteries Request Form*.
- B. Upon recommendation for approval for the cochlear implant surgery by the state audiology consultant, a SAR using the Medi-Cal DME provider number of the company requested by the Cochlear Implant Center of Excellence will be authorized, to include the procedure codes and frequency limits listed on the request form, starting the day after the surgery and ending at the end of the client's eligibility period. In cases where bilateral implantation has occurred, frequency limitations for the parts will be doubled to accommodate the needs for both implants. **There should be no modifiers on the SAR for the L codes for cochlear implant batteries or replacement parts.**
- C. Requests for additional replacement parts and batteries must be prescribed or ordered by the CCS-paneled cochlear implant surgeon or the Cochlear Implant Center of Excellence providing post-surgical care for the beneficiary and must include the number of units necessary for the remaining time period (until the end of the program eligibility end date). The number of units requested should not exceed the frequency limitation units indicated on the *Cochlear Implant Replacement Parts and Batteries Request Form*.
- D. The DME providers and the Cochlear Implant Centers should be instructed when billing for the cochlear implant batteries L8621 and L8622, enter no more than 99 units of batteries to one line on the claim form. Multiple lines of the batteries of 99 units can be accommodated on one claim form to allow for billing the necessary amount for the date of service distributed.
- E. Claims for L9900, unlisted parts, should include a manufacturer's invoice or catalog page and a copy of the SAR.
- F. At the time of the beneficiary's re-determination of program eligibility, a new SAR for the cochlear implant DME provider should be authorized, in conjunction with the Special Care Center SAR Service Code Group 05, ending at the end of the client's eligibility period.

- G. Cochlear implant speech processors (L8619) require a separate SAR and must meet the criteria in N.L. 13-1106 for speech processor replacements or upgrades. Effective October 1, 2007, the SAR for the L8619 can be authorized to the DME provider only if the SAR is requested by the Cochlear Implant Center of Excellence and meets the requirement of N.L. 13-1106.

For detailed instructions on authorizing and billing cochlear implant services, please reference N.L. 05-0896, Chapter 5 of the CCS Services Manual of Procedures, the CCS/Generally Handicapped Persons Program Provider Billing Manual, and the Medi-Cal Provider Manuals.

The CMS Branch will continue to monitor developments in cochlear implant technology and will update criteria for the authorization of implant technology and services as appropriate.

Should you have any questions regarding the authorization of cochlear implant services, please contact the CCS Branch Audiology Consultant at (916) 323-8100.

Thank you for your services to California's children.

Sincerely,

Original Signed by Harvey Fry for Marian Dalsey, M.D., M.P.H.

Marian Dalsey, M.D., M.P.H., Chief
Children's Medical Services Branch

cc: Joleen Heider-Freeman, M.S., R.D., Chief
Statewide Programs Section
Children's Medical Services Branch
1515 K Street, Room 400
P.O. Box 997413, MS 8100
Sacramento, CA 95899-7413

V. David Banda, Chief
Hearing and Audiology Services Unit
Children's Medical Services Branch
1515 K Street, Room 400
P.O. Box 997413, MS 8100
Sacramento, CA 95899-7413

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cc: Lisa Satterfield, M.S., CCC/A
Audiology Consultant
Hearing and Audiology Services Unit
Children's Medical Services Branch
1515 K Street, Room 400
P.O. Box 997413, MS 8100
Sacramento, CA 95899-7413

Cochlear Implant Replacement Parts and Batteries Request Form
To be completed by a CCS-Paneled Provider delivering post-surgical care

CCS #: _____ County: _____ Date of Request: _____

Child's Name: _____ Date of Birth: _____

Cochlear Implant Center: _____

Cochlear Implant Manufacturer: _____

Date of Surgery: _____

Please indicate which codes to authorize by circling the appropriate code, choosing only one battery code.

Service Code	Description	Number of Units
L8615	Headpiece	2
L8616	Microphone	2
L8717	Transmitting coil	2
L8618	Transmitter cable	8
L8621	Zinc air batteries	900
L8622	Alkaline batteries	900
L8623	Lithium ion batteries	4
L8624	Lithium ion batteries for ear level speech processor	4
L9900	Unlisted cochlear implant accessories: earhooks, magnets, chargers, harnesses, etc.	Up to \$225/year

Explanation of additional codes/units requested:

Provider Signature: _____

Telephone: _____ Fax: _____ E-Mail: _____